

DECLARATION

As a below named inventor, I declare that:

My residence, post office address and citizenship are as stated below next to my name; I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: TREATMENT OF DEMYELINATING AUTOIMMUNE DISEASE WITH MODIFIED ORDERED PEPTIDES the specification of which was filed on International Filing Date October 1, 2004 as International Application No. PCT/US2004/032598, U.S. Application No. 10/589,067 and was amended on _____ (if applicable).

I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, Section 1.56. I claim foreign priority benefits under Title 35, United States Code, Section 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed.

Prior Foreign Application(s)

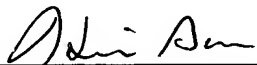
Country	Application No.	Date of Filing	Priority Claimed Under 35 USC 119
WIPO	PCT/US2004/032598	October 1, 2004	Yes

I hereby claim the benefit under Title 35, United States Code § 119(e) of any United States provisional application(s) listed below:

Application No.	Filing Date
60/508,350	October 3, 2003

Full Name of Inventor 1:	Last Name: GARREN	Suffix:	First Name: HIDEKI	Middle Name or Initial:
Residence & Citizenship:	City: Palo Alto		State/Foreign Country: California	Country of Citizenship: United States
Post Office Address:	Post Office Address: 571 Georgia Avenue		City: Palo Alto	State/Country: California Postal Code: 94306
Full Name of Inventor 2:	Last Name: BROOME	Suffix:	First Name: STEPHANIE	Middle Name or Initial:
Residence & Citizenship:	City: Palo Alto		State/Foreign Country: California	Country of Citizenship: United States
Post Office Address:	Post Office Address: 1239 Hopkins Avenue		City: Palo Alto	State/Country: California Postal Code: 94301

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Signature of Inventor 1  Hideki Garren Date: 16 March 2007	Signature of Inventor 2 _____ Stephanie Broome Date:
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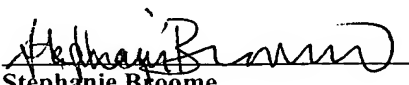
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Post Office Address:	Post Office Address: 417 E. Meadow Drive		City: Palo Alto	State/Country: California Postal Code: 94306
Full Name of Inventor 2:	Last Name: BROOME	Suffix:	First Name: STEPHANIE	Middle Name or Initial:
Residence & Citizenship:	City: Palo Alto		State/Foreign Country: California	Country of Citizenship: United States
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Signature of Inventor 1 _____ Hideki Garren Date:	Signature of Inventor 2  Stephanie Broome Date: 3/10/07
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